

# **Experience Rating Overview**

MT Department of Labor & Industry 9/22/2015

### **Agenda**

- Purpose and Benefits of Experience Rating
- Basics of Experience Rating
- Subrogation
- Claim Limitations
- Experience Rating Worksheet



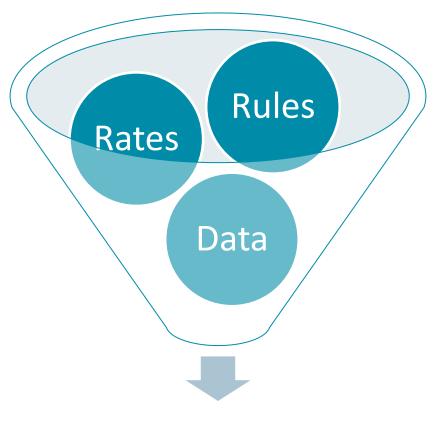
### **Fast Facts on Experience Rating**

- 700,000 employers
- 1.2 million ratings produced
- 46,000 ownership rulings processed





### Piece of the Puzzle



**Experience Rating** 



### **Introduction to Experience Rating**

Tailors the cost of insurance

**Modifies manual premium** 

Gives opportunity to manage cost

**Provides added incentives** 



## **NCCI's Experience Rating Plan**

NCCI's Plan applies in 39 jurisdictions:							
Alabama	Iowa	New Mexico					
Alaska	Kansas	North Carolina					
Arizona	Kentucky	Oklahoma					
Arkansas	Louisiana	Oregon					
Colorado	Maine	Rhode Island					
Connecticut	Maryland	South Carolina					
District of Columbia	Massachusetts	South Dakota					
Florida	Mississippi	Tennessee					
Georgia	Missouri	Texas					
Hawaii	Montana	Utah					
Idaho	Nebraska	Vermont					
Illinois	Nevada	Virginia					
Indiana	New Hampshire	West Virginia					



### **NCCI's Experience Rating Plan**

#### **Interstate only:**

Minnesota

**New York** 

Wisconsin

#### Does not apply in:

California

Delaware

Michigan

New Jersey

Pennsylvania

#### **Monopolistic states:**

North Dakota

Ohio

Washington

Wyoming



### **Types of Experience Ratings**

An intrastate rating is produced for a risk with exposure (payroll) in only one state during the experience period

An interstate rating is produced for a risk with exposure (payroll) in two or more states in the experience period



### **Status of Experience Ratings**

- A preliminary mod uses rating values from the previously approved rate filing while a new rate filing is pending.
- A final mod uses rating values that have been approved for use in a specific state.
  - **Note:** Interstate modifications can have states with both preliminary and final rating values. Only when all states are final is the mod considered final.
- A contingent mod is one that is produced when the rating organization is unable to obtain some of the payroll and/or loss data to produce a rating



#### **Time Period Used**

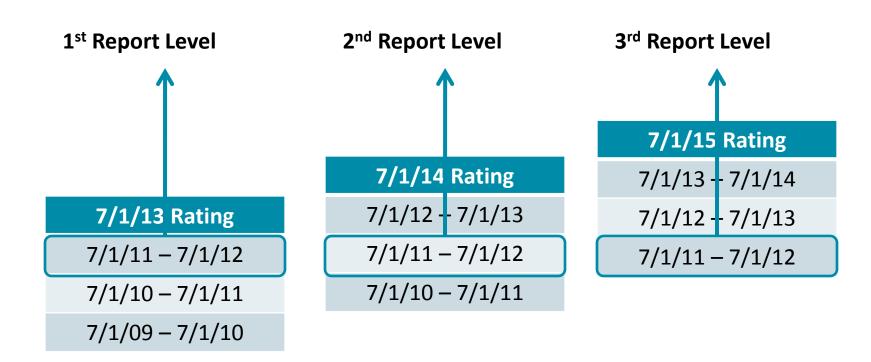
- Three years of payroll and loss data
- May include up to 45 months

**Example: Rating Effective Date: 7/1/2015** 

Policy Period	Unit Reports
7/1/13-7/1/14	1
7/1/12-7/1/13	1, 2
7/1/11-7/1/12	1, 2, 3



### "Rolling" Experience





### **Qualification for Experience Rating**

- Mandatory program for qualifying risks
- Premium eligibility set by the state

### Individual risks qualify if they achieve:



- Most recent two years of the experience period, or
- Average in overall experience period

Refer to the Premium Eligibility table in Rule 2A of NCCI's **Experience Rating Plan Manual**.



### **Premium Qualification Example**

Montana currently requires: \$5,000 of subject premium in the most recent two years, or an average of \$2,500 in the overall experience period.

Rating effective 7/1/15

Policy Period	<b>Subject Premium</b>
7/1/13 - 7/1/14	\$3,500
7/1/12 - 7/1/13	\$2,500
7/1/11 - 7/1/12	\$2,000

Does this employer qualify?
YES



### **Premium Qualification Example**

Montana currently requires: \$5,000 of subject premium in the most recent two years, or an average of \$2,500 in the overall experience period.

Rating effective 7/1/15

Policy Period	Subject Premium
7/1/13 - 7/1/14	\$2,250
7/1/12 - 7/1/13	\$2,500
7/1/11 - 7/1/12	\$2,000

Does this employer qualify?
NO



### **Premium Qualification Example**

Montana currently requires: \$5,000 of subject premium in the most recent two years, or an average of \$2,500 in the overall experience period.

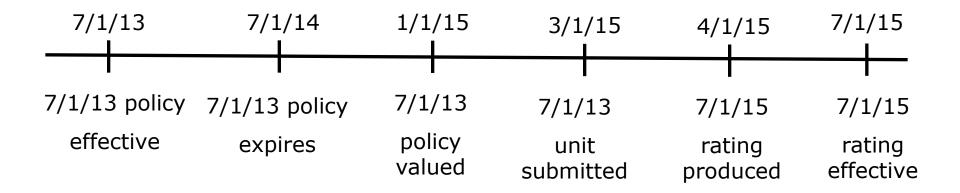
Rating effective 7/1/15

Policy Period	Subject Premium
7/1/13 - 7/1/14	\$3,000
7/1/12 - 7/1/13	\$1,750
7/1/11 - 7/1/12	\$3,000

Does this insured qualify?
YES



### **Timeline of Rating Production**





#### When a Mod Will Be Revised

- Pending rate filing is approved and rating changes from preliminary to final
- NCCI receives payroll or loss correction reports
- NCCI receives missing data for a previously contingent modification
- There is a change in ownership
- The employer is reclassified



### **Subrogation**

Reductions to the paid and incurred loss amounts due to:

### Subrogation

- Recovery from a third party with a legal liability to the claim
- Net Incurred Loss = Gross Incurred Loss –
   (Amount Recovered Recovery Expenses)
- Anticipated subrogation applies in Oregon



### **Subrogation Example**

#### Scenario:

- Between the 2nd and 3rd units, carrier receives a subrogation recovery of \$25,000 and expended \$3,000 (expenses)
- Subrogation allocated 50/50 for indemnity and medical

#### Action:

- Determine net incurred cost of the claim
  - Latest Reported Loss (Subrogation Recovery Expenses) = Incurred Loss
- Determine if correction reports apply
  - Yes, if Net Incurred Loss < Previously Reported Incurred Loss</li>
- Submit correction(s) as needed

USRG Example: Part 5-H



### **Subrogation Example**

#### 1st Report Fields:

Incurred Indemnity: \$15,000

Incurred Medical: \$15,000

• Total Incurred Loss = \$30,000

Paid Indemnity: \$12,000

Paid Medical: \$13,000

#### 2nd Report Fields:

Incurred Indemnity: \$35,000

• Incurred Medical: \$25,000

Total Incurred Loss = \$60,000

Paid Indemnity: \$15,000

Paid Medical: \$20,000

#### **Correction Report Fields:**

• Incurred Indemnity: \$24,000

• Incurred Medical: \$14,000

Net Incurred Loss = \$38,000

• Paid Indemnity: \$4,000

• Paid Medical: \$9,000

Type of Recovery: 03



## **Subrogation Example**

	Pol Nbr: W123456 Rpt Nbr: 2				r Seq N	_	Co	rr 1	Tvne	Cd: L		Pol Eff Dt: 0 Exp St: 10	1/01/07
	Update Type		Claim Nbr		Accident De	ic De Troi or Giunno Cluss code Trinjury Type Giun		Ciaiiii Otatas	Cat N	br	Jurisdiction St		
	P		12345		06/01/07	1	8810		09	0	0		10
	Incurred Indemnity Paid Indemnity				Incurred Medical	Paid Medical	Paid ALAE	Deductible Reimbursement				Emp Attny Fees Incurred Clmt Attny Fees Ir	
	35,000		15,000		25,000	20,000	100		00	)	00		00
	Loss Conditions Code			ns Code (t	type of):			Injury D	escriptio	n Code:			
	Act	Loss	Recove	ry	Claim	Settlement	Part	: N	Nature	Cause	Voc Rehab	Lump- Sum	Fraud Claim
	01			•	01	00	36 40		18	N	N	00	
J	pdate Ty	/pe					· · · · · · · · · · · · · · · · · · ·						ı
_	· ·	•	Claim Nbr		Accident Dt	Nbr of Claims Class Code I		e Inju	ury Type	y Type Claim Status		br	Jurisdiction St
	R		12345		06/01/07	1	8810		09	0	. 0		10
	Incurre			_			•		_	ncurr		<b>D</b> -:-1	NA 1
L	Indemn	ity		<b>t</b>	ald Ti	ndemni	ty			Medic	aı	Paid	Medical
	24,00	0			4,	,000			/ <del>c</del> 3ci iptio	14,00	0	9	,000
	Act	Los	Reco	verv	im	Settlement	Part		Vature	Cause	Voc Rehab	Lump- Sum	Fraud Claim
	01	0:	03		1	00	36		40	18	N	N	00



### **Experience Rating Formula**

$$\frac{A_{p} + A_{e} \times W + E_{e} \times (1-W) + B}{E_{p} + E_{e} \times W + E_{e} \times (1-W) + B}$$

$$Or$$

$$A_{p} + A_{e} \times W + E_{e} \times (1-W) + B$$

$$E + B$$

p = Primary

B = Ballast



#### **Basic Formula**

$$\frac{Actual\ Losses}{Expected\ Losses} = Experience\ Modification$$

Formula overview only



### **Application of Modifications**

Premium		Mod		Modified
\$100,000	X	0.75	=	\$75,000
\$100,000	X	1.00	=	\$100,000
\$100,000	X	1.25	=	\$125,000



#### **Claim Limitations**

- Primary vs. Excess Split Point
- Single State Claim Limitation
- Experience Rating Adjustment (ERA)



### **Split Point**

- The split point separates the overall claim value into primary and excess components
- The split point is \$15,500 effective 7/1/15

Claim Value	Ratable Primary Loss	Ratable Excess Loss
\$5,000	\$5,000	\$0
\$10,000	\$10,000	\$0
\$20,000	\$15,500	\$4,500
\$50,000	\$15,500	\$34,500



## Frequency vs. Severity

	Claims	Cost per Claim	Total Losses	Total Primary Losses
Employer 1	1	\$50,000	\$50,000	\$15,500
Employer 2	10	\$5,000	\$50,000	\$50,000

Which is the better situation? Employer 1



### **State Per Claim Accident Limitation**

- Claims may be limited by the state per claim accident limitation
- Limitations vary by state and by rate filing

#### **Example: State per claim limit of \$244,000**

Loss	Actual Incurred Loss	Actual Incurred Limited Loss	Actual Primary Loss
1	\$350,000	\$244,000	\$15,500
2	\$100,000	\$100,000	\$15,500
3	\$50,000	\$50,000	\$15,500



#### **ERA**

The Experience Rating Adjustment (ERA) reduces medical only (Type 6) claims by 70%

Claim Value	Primary Loss	Ratable Primary Loss	Excess Loss	Ratable Excess Loss
\$5,000	\$5,000	\$1,500	\$0	\$0
\$10,000	\$10,000	\$3,000	\$0	\$0
\$20,000	\$15,500	\$4,650	\$4,500	\$1,350
\$50,000	\$15,500	\$4,650	\$34,500	\$10,350



### **Expected Losses**

- Expected Losses = (Payroll/100) x ELR
  - ELR = Expected Loss Rate
  - ELRs vary by class and are calculated from the filed loss costs
- Expected Losses are also broken out between primary and excess
  - Primary Losses = Expected Losses x D-Ratio
  - Excess Losses = Expected Losses Primary Losses



### **Impacts to Expected Losses**

- Types of Operations
  - ELRs are tied to loss costs
  - The higher rated the class code, the larger the ELR
  - The larger the ELR, the greater the expected losses
- Payroll (Exposure) Base
  - The larger the exposure, the greater the expected losses

**Note:** Although there are caps to actual losses, expected losses are not capped in the experience rating calculation.



### **Experience Rating Worksheet**

#### WORKERS COMPENSATION EXPERIENCE RATING

Risk ID: 259347375

Risk Name: ANY INSURED

Rating Effective Date: 07/01/2015 Production Date: 04/01/2015 State: MONTANA

25-MONTANA Firm ID: Firm Name: ANY INSURED

Carrier: 00000 Policy No. 2011UNIT Eff Date: 07/01/2011 Exp Date: 07/01/2012

Code		D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
8017	1.15	.39	10,633	122	48	041000733978	05	0	56,844	15,500
8810	.25	.37	36,565	91	34	041000771169	06	F	189	189
9014	3.93	.37	612,819	24,084	8,911					
9519	2.78	.33	7,598	211	70					
9807	ADDITI	ONAL	PREMIUM	0	0					
Policy	Total:			Subject Premium:	40,937	Total Act Inc Losses:			57,033	

25-MONTANA Firm ID: Firm Name: ANY INSURED

Carrier: 00000 Policy No. 2012UNIT Eff Date: 07/01/2012 Exp Date: 07/01/2013

Code		D- Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
8017	1.15	.39	15,926	183	71	041000826162	05	F	6,574	6,574
8810	.25	.37	47,167	118	44	NO. 2	06	*	706	706
9014	3.93	.37	614,716	24,158	8,938					
9519	2.78	.33	7,873	219	72					
9807	ADDITI	ONAL	PREMIUM	0	0					
Policy	Total:			Subject Premium:	38,192	Total Act Inc Losses:			7,280	·

25-MONTANA Firm ID: Firm Name: ANY INSURED

Carrier: 00000 Policy No. 2013UNIT Eff Date: 07/01/2013 Exp Date: 07/01/2014 Code ELR D-Payroll Exp Prim Claim Data IJ OF Act Inc Act Prim Expected Losses Ratio Losses Losses Losses 8017 .39 27,144 312 122 041000933190 05 F 322 322 1.15 8810 .25 .37 48,991 122 NO. 2 06 1,671 1,671 .37 041000955541 06 3.93 636,159 25.001 9.250 5.194 5.194 .33 4.098 041000919147 06 10,542 10,542 2.78 114 9807 ADDITIONAL PREMIUM Subject Total Act Inc 716,392 Premium: 51,806 Losses: Policy Total: 17,729



### **Experience Rating Worksheet**

Code   ELR   D-   Ratio   Payroll   Expected   Losses   Exp Prim   Losses   State: MONTANA												
Carrier: 00000   Policy No. 2011UNIT   Eff Date: Risk ID: 2593473	25-MOI	NTANA		Firm	ID: Firm Na	ne: ANY INSUF	REI	PERIENCE RATING				
Ratio	Carrier	: 000	00	Policy No. 2	011UNIT	Eff Date:		Risk ID: 259347375				
Salid   2.5   3.7   36,565   91   34	Code	ELR		Payroll					!	Stat	e: MONTANA	
Subject   Policy Total:   667,615   Premium:   40,937   Exp Date:   07/01/2012	8017	1.15	.39	10,633								
Solid   Soli	8810	.25	.37	36,565	91	3	34					
9819   2.78   .33	9014	3.93	.37	612,819	24,084	8,91	1			<u>.</u>		
Policy Total:   667,615   Premium:   40,937   59   06   F   189	9519	2.78	.33	7,598	211	7	0	1	IJ	OF		Act Prim Losses
Policy Total: 667,615   Premium: 40,937	9807	ADDITI	ONAL	PREMIUM	0		0	78	05	0	56,844	15,500
Carrier:         00000         Policy No.         2012UNIT         Eff Date:         57,033           Code         ELR D-Ratio         D-Payroll Losses         Exp Prim Losses         Exp Prim Losses           8017         1.15         .39         15,926         183         71           8810         .25         .37         47,167         118         44           9014         3.93         .37         614,716         24,158         8,938           9519         2.78         .33         7,873         219         72           9807         ADDITIONAL PREMIUM         0         0         685,682         06         * 706           Policy Total:         685,682         Premium:         38,192         7,280           Exp Date: 07/01/2014           Exp Date: 07/01/2014           Exp Date: 07/01/2014           Code         ELR D-Ratio         D-Payroll Expected Losses         Exp Prim Losses         Losses         Losses           8810         .25         .37         48,991         122         45         06         * 1,671           9014         3.93         .37         636,159         25,001         9,250 <tr< td=""><td>Policy</td><td>Total:</td><td></td><td>667,615</td><td></td><td>40,93</td><td></td><td>59</td><td>06</td><td>F</td><td>189</td><td>189</td></tr<>	Policy	Total:		667,615		40,93		59	06	F	189	189
Carrier:         00000         Policy No.         2012UNIT         Eff Date:         57,033           Code         ELR         D-Ratio         Payroll         Expected Losses         Exp Prim Losses           8017         1.15         .39         15,926         183         71           8810         .25         .37         47,167         118         44           9014         3.93         .37         614,716         24,158         8,938           9519         2.78         .33         7,873         219         72           9807         ADDITIONAL PREMIUM         0         0         685,682         06         * 706           Policy Total:         685,682         Premium:         38,192         7,280           25-MONTANA         Firm ID:         Firm Name:         ANY INSURE         Exp Date:         07/01/2014           Code         ELR         D-Ratio         Payroll         Expected Losses         Losses         Losses           8017         1.15         .39         27,144         312         122         45         06         * 1,671           8810         .25         .37         48,991         122         45												
Code   ELR	25-MOI	NTANA	i.	Firm	ID: Firm Na	me: ANY INSUF	₹EI	L				
Ratio	Carrier						Ц				57,033	
R810   .25   .37	Code	ELR	_	Payroll		•						
9014 3.93 .37 614,716 24,158 8,938 9519 2.78 .33 7,873 219 72 66 706 706 9807 ADDITIONAL PREMIUM 0 0 0 90 9807 ADDITIONAL PREMIUM 0 90 90 9807 ADDITIONAL PREMIUM 0 90 90 90 90 90 90 90 90 90 90 90 90 9	8017	1.15	.39	15,926						Ехр	Date: 07/01/20	013
9014 3.93 .37 614,716 24,158 8,938 9519 2.78 .33 7,873 219 72 06 * 706								1	IJ	OF		Act Prim Losses
9807 ADDITIONAL PREMIUM         0         0         0         700           Policy Total:         685,682 Premium:         38,192         7,280           25-MONTANA         Firm ID:         Firm Name: ANY INSURE         7,280           Carrier:         00000         Policy No.         2013UNIT         Eff Date:           Code         ELR D-Ratio         Payroll Losses         Exp Prim Losses         Exp Date: 07/01/2014           8017         1.15         .39         27,144         312         122           8810         .25         .37         48,991         122         45           9014         3.93         .37         636,159         25,001         9,250           11         06         0         5,194							_	52	05	F		
Policy Total:   Subject   Premium:   38,192						7			06	*		706
Policy Total: 685,682   Premium: 38,192	9807	ADDITI	ONAL	PREMIUM								
Carrier: 00000 Policy No. 2013UNIT Eff Date:  Code ELR D-Ratio Expected Losses Losses  8017 1.15 .39 27,144 312 122  8810 .25 .37 48,991 122 45  9014 3.93 .37 636,159 25,001 9,250  9014 3.93 .37 636,159 25,001 9,250  9014 3.70 .37 33 4000 4144 315 315 315 315 315 315 315 315 315 315	Policy	Total:		685,682				-				
Code         ELR         D-Ratio         Payroll         Expected Losses         Exp Prim Losses         Exp Date: 07/01/2014           8017         1.15         .39         27,144         312         122	25-MOI	NTANA		Firm	ID: Firm Na	me: ANY INSUF	REI	:			7,280	
Code         ELR         D-Ratio         Payroll         Expected Losses         Exp Prim Losses         Exp Date: 07/01/2014           8017         1.15         .39         27,144         312         122	Carrier	: 000	00	Policy No. 2	013UNIT Fff Date:							
Ratio   Losses   Lo			D-					Exp Date: 07/01/2014				
8810 .25 .37 48,991 122 45 90 05 F 322 9014 3.93 .37 636,159 25,001 9,250 11 06 0 5,194								1			Act Inc	Act Prim
9014 3.93 .37 636,159 25,001 9,250 11 06 0 5,194								10	05	F		Losses 322
9014 3.93 37 636,759 25,001 9,250 11 06 0 5,194							5			1,671		
9519   278   33   4.098   114   38   7   10   5   10   10				-	-		_	F1 06 O 5,194				
· 108 F 10,542 11				-,		3	_	17	06	F	10,542	10,542
	9807	ADDITI	ONAL	PREMIUM	0 0							
Policy Total: 716,392 Premium: 51,806 17,729	Policy	Total:		716,392	Subject Premium: 51,806						17,729	



### **Exposure**

					_			_					
25-MO	NTANA		Firn	ı ID:	Firm Nan	ne:	ANY INSURE	PE	PERIENCE RATING				
Carrier	r: 000	00	Policy No.	2011UNIT			Eff Date:				Risk ID	: 259347375	
Code	ELR	D- Ratio	Payroll		ected sses		Exp Prim Losses		!	Stat	e: MONTANA		
8017	1.15	.39	10,63	3	122		48						
8810	.25	.37	36,56	5	91		34						
9014	3.93	.37	612,81	9	24,084		8,911	L		<u>.</u>	Date: 07/01/20		
9519	2.78	.33	7,59	8	211		70	,	IJ	OF	Act Inc Losses	Act Prim Losses	
9807	ADDITI	ONAL	PREMIUM		0		0	78	05	0	56,844	15,500	
Policy	Total:		667,61	Subject 5 Premiur			40,937	59	06	F	189	189	
25-MO	NTANA		Firn	ı ID:	Firm Nan	ne:	ANY INSURE	L					
Carrier		00	Policy No.	2012UNIT			Eff Date:				57,033		
Code	ELR	D- Ratio	Payroll		ected sses		Exp Prim Losses						
8017	1.15	.39	15,92	6	183		71		ı	Ехр	Date: 07/01/20	13	
8810	.25	.37	47,16		118		44	•	IJ	OF	Act Inc Losses	Act Prim Losses	
9014	3.93	.37	614,71		24,158		8,938	52	05	F	6,574	6,574	
9519	2.78	.33	7,87	3	219		72 0		06	*	706	706	
9807	ADDITI	ONAL	PREMIUM	Subject	0								
Policy	Total:		685,68	2 Premiur			38,192						
25-MO	NTANA		Firn	n ID:	Firm Nan	ne:	ANY INSURE	7,280					
Carrier	r: 000	00	Policy No.	2013UNIT			Eff Date:						
Code	ELR	D-	Payroll		Expected Exp Pi			Exp Date: 07/01/2014					
		Ratio		Los	ses		Losses		IJ	OF	Act Inc	Act Prim	
8017	1.15	.39	27,14	4	312		122	90	05	F	Losses 322	Losses 322	
8810	.25	.37	48,99		122		45	10	06 * 1,671				
9014	3.93	.37	636,15		25,001		9,250	11 06 O 5,194					
9519	2.78	.33	4,09	8	114		38	17	06	F	10,542	10,542	
9807	ADDITI	ONAL	PREMIUM	S. E.	0		0						
Policy	Total:		716,39		Subject Premium: 51,806			-			17,729		
					_								



### **Calculate Expected Losses**

Expected
Losses =
ELR x Payroll
100

3.93 x 612,819 100

= **24,084** (24,083.7867)



### **Expected Losses**

05.116				44070000								
25-MO	NTANA	1	Firm					PERIENCE RATING				
Carrier	r: 000	00	Policy No. 20	11UNIT	Eff Date:	Risk ID: 259347375						
Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses			Stat	e: MONTANA			
8017	1.15	.39	10,633	3 122 48								
8810	.25	.37	36,565	91	34							
9014	3.93	.37	612,819	24,084	8,911			<u>.</u>	Date: 07/01/20			
9519	2.78	.33	7,598	211	70	1	IJ	OF	Act Inc Losses	Act Prim Losses		
9807	ADDITI	ONAL	PREMIUM	0	0	78	05	0	56,844	15,500		
Policy	Total:		667,615	Subject Premium:	40,937	59	06	F	189	189		
25.140			F.	ID 5: N	ANN INCLIDE							
25-MO	NTANA		Firm		ne: ANY INSURE	Ļ						
Carrier		00	Policy No. 20	)12UNIT	Eff Date:	Ĺ			57,033			
Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Prim Losses							
8017	1.15	.39	15,926	183 71			Exp Date: 07/01/2013					
8810	.25	.37	47,167	118	44	1	IJ	OF	Act Inc Losses	Act Prim Losses		
9014	3.93	.37	614,716	24,158	8,938	52	05	F	6,574	6,574		
9519	2.78	.33	7,873	3 219 72				*	706	706		
9807	ADDITI	ONAL	PREMIUM	0	0							
Policy	Total:		685,682	Subject Premium:	38,192							
25-MO	NTANA		Firm	ID: Firm Name: ANY INSURE					7,280			
Carrier	r: 000	00	Policy No. 20	13UNIT	Eff Date:							
Code	ELR	D-	Payroll	Expected Exp Prim				Exp	Date: 07/01/20	114		
		Ratio		Losses	Losses	1	IJ	OF	Act Inc	Act Prim		
8017	1.15	.39	27,144	312	122	<del>)</del> 0	05	F	Losses 322	Losses 322		
8810	.25	.37	48,991	122	45	06 * 1671 1						
9014	3.93	.37	636,159	25,001	9,250	0 11 06 O 5.194 5						
9519	2.78	.33	4,098	114	38	17	06	F	10,542	10,542		
9807	ADDITI	ONAL	PREMIUM	0 0								
Policy	Total:		716,392	Subject Premium: 51,806					17,729			
					26							



### **Calculate Expected Primary Losses**

Expected Primary Losses =

Expected Losses x Discount Ratio

24,084 x 0.37 = **8,911** (8,911.08)



## **Expected Primary Losses**

25 1101	NIT A S. S		F1	ID: Firm Name: ANY INSURE			_						
25-MOI				ID:		ne:		PERIENCE RATING					
Carrier			Policy No. 2			_	Eff Date:	Risk ID: 259347375					
Code	ELR	D- Ratio	Payroll		ected sses		Exp Prim Losses		!	Stat	e: MONTANA		
8017	1.15	.39	10,63	3	122		48						
8810	.25	.37	36,56	5	91		34						
9014	3.93	.37	612,81	9	24,084		8,911		IJ	Exp OF	Date: 07/01/20 Act Inc	12 Act Prim	
9519	2.78	.33	7,59	В	211		70	_	IJ	OF	Losses	Losses	
9807	ADDITI	ONAL	PREMIUM		0		0	78	05	0	56,844	15,500	
Policy	Total:		667,61	Subject 5 Premiu			40,937	59	06	F	189	189	
25-MOI	NTANA		Firn	ID:	Firm Nan	ne:	ANY INSURE	L					
Carrier	: 000	00	Policy No. 2	012UNIT	·		Eff Date:				57,033		
Code	ELR	D- Ratio	Payroll		ected sses		Exp Prim Losses						
8017	1.15	.39	15,92					-	Ехр	Date: 07/01/20	13		
8810	.25	.37	47,16		118		44	1	IJ	OF	Act Inc Losses	Act Prim Losses	
9014	3.93	.37	614,71	6	24,158		8,938	52	05	F	6,574	6,574	
9519	2.78	.33	7,87	219			72		06	*	706	706	
9807	ADDITI	ONAL	PREMIUM		0		0						
Policy	Total:		685,68		Subject Premium: 38,192								
25-MOI	ΝΤΔΝΔ		Firm	ı ID:	Firm Nan	ne:	ANY INSURE	7,280					
Carrier	: 000	00	Delieu No. 1	00421 INIIT			Eff Data						
Code	FLR	D-	Payroll	_	D13UNIT Eff Date:  Expected Exp Prim					F	D-4 07/04/20		
0000		Ratio	,		sses		Losses		IJ	OF	Date: 07/01/20 Act Inc	Act Prim	
8017	1.15	.39	27,14	4	312		122				Losses	Losses	
8810	.25	.37	48,99	1	122		45	90	05	F *	322	322	
9014	3.93	.37	636,15	9	25,001		9,250	11	06 06	0	1,671 5,194	1,671 5,194	
9519	2.78	.33	4,09	114			38	17	06	F	10.542	10,542	
9807	ADDITI	ONAL	PREMIUM	0 0						,			
Policy	Total:		716,39		Subject Premium: 51,806			:			17,729		



## Actual Losses

(NC	<b>7</b>	Risk Na	ame: ANY INSUF	WORKERS	СОМІ	D 07/01/2 1	1	L p	Date: 07/01/20	012
	<i>/</i> , F	Rating	Effective Date: (	07/01/2015	Produc	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
						041000733978	05	0	56,844	15,500
25-MOI	NTANA		Firm	ID: Firm Nan	ne: ANY	041000771169	06	F	189	189
Carrier	: 000	00	Policy No. 20	11UNIT	Ef					
Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Los					
8017	1.15	.39	10,633	122						
8810	.25	.37	36,565	91		Total Act Inc			57.000	
9014	3.93	.37	612,819	24,084		Losses:			57,033	
9519	2.78	.33	7,598	211						
9807	ADDITI	ONAL	PREMIUM	0 Subject		D				
Policy	Total:		667,615	Premium:		07/01/2012	I	Exp	Date: 07/01/20	013
25-MOI	NTANA		Firm	ID: Firm Nan	ne: ANY	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
Carrier	: 000	00	Policy No. 20	12UNIT	Ef	041000826162	05	F	6,574	6,574
Code	ELR	D- Ratio	Payroll	Expected Losses	Exp Los	NO. 2	06	*	706	706
8017	1.15	.39	15,926	183						
8810	.25	.37	47,167	118						
9014	3.93	.37	614,716	24,158						
9519	2.78	.33	7,873	219		Total Act Inc				
9807	ADDITI	ONAL I	PREMIUM	0		Losses:			7,280	
Policy	Total:		685,682	Subject Premium:		D				
25-MOI	NTANA		Firm	ID: Firm Nan	ne: ANY	07/01/2013 Exp Date: 07/01/2014				
Carrier	: 000	00	Policy No. 20	13UNIT	Ef	Claim Data	IJ	OF	Act Inc	Act Prim
Code	ELR	D-	Payroll	Expected	Exp	0.4400000000000	05	F	Losses 322	Losses
8017	1.15	Ratio .39	27 444	Losses 312	Los	041000933190	322			
8810	.25	.39	27,144 48,991	122		NO. 2	06	*	1,671	1,671
9014	3.93	.37	636,159	25,001		041000955541	06	0	5,194	5,194
9519	2.78	.33	4.098	114		041000919147	06	F	10,542	10,542
			PREMIUM	0						
Policy				Subject Premium:		Total Act Inc Losses:			17,729	



### **Experience Modification Factor**

#### WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: ANY INSURED

Risk ID: 259347375

Rating Effective Date: 07/01/2015

Production Date: 04/01/2015

State: MONTANA

State	Wt Exp Excess Losses			Expected Losses		Exp Prim Losses		Act Exc Losses		Ballast	Act Inc Losse	s Act Prim Losses
MT	.11		47,092	7	4,735	27	,643	41,	344	29,25	82,04	40,698
(A) (B Wt		p Excess s (D - E)		xpected sses	٠	Exp Prim .osses		S) Act Exc sses (H - I)	(	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.11		47,092		74,735		27,643		41,344		29,250	69,231	27,887

	Primary Losses	;	Stabilizi	ng Value		Ratable Excess	Totals
	(I)		C * (1 - A) + G		(A) * (F	-)	(J)
Actual	27,887		71,	162		4,548	103,597
	(E)		C * (1 - A) + G		(A) * (C	C)	(K)
Expected	27,643		71,	162		5,180	103,985
	ARAP		FLARAP	SARAP		MAARAP	Exp Mod
							(J) / (K)
Factors							1.00

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.



### **Experience Modification Factor**

#### WORKERS COMPENSATION EXPERIENCE RATING Risk Name: ANY INSURED Risk ID: 259347375 Rating Effective Date: 07/01/2015 Production Date: 04/01/2015 State: MONTANA **Exp Excess Exp Prim** Wt Act Exc Losses Ballast Act Inc Losses Act Prim State Expected Losses Losses Losses Losses 74,735 27,643 41.344 29.250 40.698 47,092 82.042 (C) Exp Excess (D) Expected (E) Exp Prim (F) Act Exc (I) Act Prim (G) Ballast (H) Act Inc Losses (D - E) Losses (H - I) Losses Losses Losses Losses 47.092 74.735 27.643 29 250 27.887 41 344 69 231

	Primary Losses		Stabilizii	ng Value		Ratable Excess	Totals
	(I)	(	C * (1 - A) + G		(A) * (I	F)	(J)
Actual	27,887		71,	162		4,548	103,597
	(E)	(	C * (1 - A) + G		(A) * (C	C)	(K)
Expected	27,643		71,	162		5,180	103,985
	ARAP	F	LARAP	SARAP		MAARAP	Exp Mod
							(J) / (K)
Factors							1.00

DOLLARS WHERE ERA IS APPLIED.



### **Summary of Plan**

### Essentials of experience rating:

- Mandatory for all employers that meet the premium eligibility threshold
- Measures how the performance of an employer differs predictably from similarly classified employers



### **Summary (Continued)**

### Basic statistical principles:

- The larger the premium size, the more reliable the actual record is in predicting future losses
- Cost of an injury may vary over a large range
- Cost is less predictable than the occurrence of an injury



#### **Additional Information**

